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Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039 1. Generator ID Number 4. Manifest Tracking Number 2. Page 1 of UNIFORM HAZARDOUS 3. Emergency Response Pt (908) 420-170 6689015 NYN 000 206 699 WASTE MANIFEST 5. Generator's Name and Mailing Address US EPA REGION 2-NIAGARA FALLS Benerator's Site Address (if different than mailing address)
2890 WOODBRIDGE AVENUE
9450 NIAGARA FALLS BLVI 9450 NIAGARA FALLS BLVD **EDISON, NJ 08837** NIAGARA FALLS, NY 14304 Generator's Phone: <u>(908) 420-1707</u> 6. Transporter 1 Company Name U.S. EPA ID Number PAO 987347515 US BUK Transpor 7. Transporter 2 Company Name 8. Designated Facility Name and Site Address U.S. EPA ID Number WAYNE DISPOSAL, INC. SITE #2 LANDFI 49350 N I-94 SERVICE DRIVE MID 048 090 633 BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12 Unit and Packing Group (if any)) 13. Waste Codes No. Quantity Wt./Vol. Type Non DOT Regulated Material NORN GENERATOR 01 DT 2. Special Handling Instructions and Additional Information
 L163014WDI / Non RCRA-Non DOT Regulated Material (Debris)- Approved for the Office Area Area 5 medium concentration pile 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (fity benerator) is true Generator's/Offeror's Printed/Typed Name Signature Day Year Ę Import to U.S. Export from U.S. Port of entry/exit: TRANSPORTER or Acknowledgment of Receipt of Materials 18. Discrepancy 18a. Discrepancy Indication Space Quantity Residue Partial Rejection Full Rejection Manifest Reference Number: 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Year Day 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) NONE 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Month Day Year EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

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| ### AFRA 5 Medium Concentration Pile 15. GENERATOR'SIOFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the waste inminization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) is true. Generator's Printing Type Month Day Year | 14. Special Handling Instructions and Additional Information | XXXXIII AND | | | | | | | | |
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| A Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED | 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covere | ed by the manifest e | xcept as noted in Item | 18a | 4. | | Month Day Year | | | |
| 517 | | UNIFORM HAZARDOUS WASTE MANIFEST NYN 000 206 699 S-Generator's Name and Mailing Address IS EPA REGION 2-NIAGAR 2890 WOODBRIDGE AVENUE EDISON, NJ 08837 Generator's Phone: (908) 420-1707 5. Transporter 1 Company Name US BULK Transporter Turc. 7. Transporter 2 Company Name US BULK Transporter Turc. 7. Transporter 2 Company Name US BULK Transporter Turc. 8. Designated Facility Name and Site Address WAYNE DISPOSAL, 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facilitys Phone: (800) 592-5489 9a. 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any)) Non DOT Regulated Material 14. Special Hendling Instructions and Additional Information L163014WDI / Non RCRA-Non DOT Regulated Material (Debris)- Area 5 medium Concentration 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of the marked and labeled/placarded, and are in all respects in proper condition for transports as Exporter, Lorefity that the contents of this consents of this contents of the stack is exporter. Jorefity that the outlents of this contents of the attach is exporter. Jorefit that the contents of this contents of this contents of this contents of the attach is exporter. Jorefit that the contents of this contents of the attach is exporter. Jorefit that the contents of the attach is exporter. Jorefit that the contents of the attach is exporter. Jorefit that the contents of the attach is exporter. Jorefit that the contents of the attach is exporter. Jorefit that the contents of the attach is exporter. Jorefit that the con | UNIFORM HAZARDOUS **MASTE MANIFEST** **NYN 000 206 699 **1 **S. Generator's Name and Malloy Address S. EPA BEGION 2-NIAGARA FALLS BEDISON, NJ 08837 **Generator's Phone: ** **S. Generator's Phone: ** **S. Designated Facility Name and Site Address | Service Serv | Committee Comm | UNIFORM HAZABOUS IN Conceptor ID Number WASTE MANNESS Y NY NOOD 206 699 2 2 Page 1 of 3 Sentration Supported Phone 1 (908) 420-1707 1 Manufacture WASTE MANNESS Y NY NOOD 206 699 2 1 Page 1 of 3 Sentration Supported Phone 2 Page 1 Page 1 of 3 Sentration Supported Phone 2 Page 1 Page 1 of 3 Sentration Supported Phone 2 Page 1 Page | UNISORM MAZARODUS 1. Serentro In Number | UNIFORM MAZARDOUS 1-Sementor District WASTEMANIEST NN OOD 206 699 1 (2) Empreyor Septions Prince Control (2004) 420-1707 | | |

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| | 20. Designated Facility Owner or Printed/Typed Name | Operator: Certification of rece | ipt of hazardous materials cove | red by the manife Sign | | m 18a | | | Month | Day | Year |
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| | 5. Ge 28 | enerator's Name and Mailing 190 WOODBR | Address US FEATEGI | ON 2-NIAGARA | FALLS | enerator's Site Addres 9450 NIAG | s (if different tr | nan mailing addre | oss) VD | and a laborate to the second to the laborate | | | | |
| | Gene | DISON, NJ 088 erator's Phone: | (908) 420-17 | 707 | | NIAGARA | FALLS, | | | | | | | |
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| EPA | Form | 8700-22 (Rev. 3-05) Pr | evious editions are obsolete. | | <u> </u> | SIGNATED F | (CILITY) | TO DESTIN | VATION | STATE (IF REQ | UIRED) | | | |

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|---------------------|--|--|--|---|---|--|--|---|-------------|--|--|
| 1 | WASTE MANIFEST NYN 000 206 699 | | Emergency Respons 908) 420-17 | | 01 | Tracking Nu 668 | imber 9022 | JJ | K | | |
| | 5. Generator's Name and Mailing Address US EPA REGION 2-NIAGARA 2890 WOODBRIDGE AVENUE | FALLS Be | erator's Site Addres 3450 NIAC | s (if different th | an mailing addre | ss) | | | | | |
| | EDISON, NJ 08837 Generator's Phone: (908) 420-1707 | | VIAGARA | FALLS, | | | | | | | |
| | 6. Transporter 1 Company Name US BUK Trans Port Two. 7. Transporter 2 Company Name | a-rook kalkusta kenolisisi kalikus kasa kalkus siini oli kiri kalkus kasa kasa kasa ka | | Mystellumin kross povolenija das osas savat savat ir jed | U.S. EPA ID Number PAD 981347515 | | | | | | |
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| | 8. Designated Facility Name and Site Address WAYNE DISPOSAL, IN 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489 | IC. SITE | #2 LANUH | SSANDA | U.S. EPA ID | 048 09 | 00 633 | | | | |
| | 9a. HM 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | 10. Conta No. | iners Type | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Was | ste Codes | | | |
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| | 14. Special Handling Instructions and Additional Information L163014WDI / Non RCRA-Non DOT Regulated Material (Debris)- Application After 5 Medium concentration plants of the Contents of this concentration is generator's Certification: Thereby declare that the contents of this contents of the contents of this contents of this contents of the contents of the contents of this contents of the contents of this contents of the co | nipping name | and are classifie | ed. packac | red. | | | | | | |
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| TRANSPORTER | Transporter 1 Printed/Typed Name MARK STRANG | Signatur | M | | | | Month | Day 20 | Year | | |
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| • | 18a. Discrepancy Indication Space Quantity. Type | mention in the contract of the | Residue Manifest Reference | e Number | Partial Re | ection | F | Full Reject | ion | | |
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| * | UNIFORM HAZARDOUS WASTE MANIFEST | 1. Generator ID Num | ber 000 206 699 | | 1. | . Emergency Res (908) 420 | | 01 | t Tracking N 668 | | |
| | 5. Generator's Name and Maili 2890 WOODBF | ng Address LAFE | REGION 2-1 | NIAGARA F | FALLS B | enerator's Site Ad 9450 NI/ | dress (if differen AGARA I | t than mailing addr FALLS BL | ess) | | |
| | EDISON, NJ 08 Generator's Phone: | | 420-1707 | | - Section 1 | NIAGAR | A FALLS | , NY 143 | 04 | | |
| Control Supplementaries | 6. Transporter 1 Company Nam US BUK | ne | | | | | | U.S. EPA ID | | | |
| | 7. Transporter 2 Company Nan | | H INC. |) | | | · | U.S. EPA ID | Number | 347515 | |
| distantunione | 8. Designated Facility Name ar | nd Site Address | 1 & 72 1 pm pm, 1 pm, pm, | | | | | l.o.co. | · | | |
| | 49350 N I-94 S BELLEVILLE, N | ERVICE DF | AYNE DISPO | JSAL, IN | C. SIIE | #2 LANL |) | U.S. EPA ID MID | 048 09 | 90 633 | |
| | 9a. 9b. U.S. DOT Descript HM and Packing Group (if | ion (including Proper Sany)) | hipping Name, Hazard Cl | ass, ID Number, | ************************************** | 10. C | containers | 11. Total Quantity | 12. Unit | 13. Waste C | odes |
| 80 | Non DOT Reg | gulated Mate | rial | | | NC. | Туре | - Coandy | 4867.8003 | NORA | : |
| GENERATOR | 2. | | HI For a frame Control of Control | | | 01 | DT | 22 | T | | |
| 3 | | | | | | | | Michigan de Company de | | A Section 1995 | |
| | 3. | | | | - The property of the Control of th | | | | | | |
| | 4. | | | and Agrammer and Compile Of Control Co | naisembormicabinion inhimusemborus espausyri | | | | | in the state of th | allandings is a server second extra second |
| | 14. Special Handling Instruction 15. GENERATOR'S/OFFERO marked and labeled/placal Exporter, I certify that the control of the | CRA-Non DOT R ### CONTROL OF THE CO | I hereby declare that the pects in proper condition to ment conform to the terminified in 40 CFR 262.27(| contents of this co | insignment are | fully and accurate e international and ment of Consent of or (b) (if I am a | ly described abo | mental regulations | hipping name s. If export shi | pment and I am the Pr Month D | rimary ay Year |
| god jose | 16. International Shipments | Import to U. | | | xport from U.S. | Port | of entry/exit: | | | 1/2/2 | • 1/6 |
| E | Transporter signature (for export 17. Transporter Acknowledgment) | ts only): of Receipt of Materials | | | The second secon | | leaving U.S.: | | | | |
| ANSPORTER | Transporter 2 Printed/Typed Nar | y A | Kin | | Signatu | 4 | A. | | | Month Da | ay Year |
| Z | ************************************** | | | | Signatu | re. | | | | Month Di | ay Year |
| 4 | 18. Discrepancy | | | - | | | | | | | |
| Posterone | 18a. Discrepancy Indication Spa | Ce Quantity | | Туре | | Residue Manifest Refer | ence Number | Partial Re | ection | ☐ Full R | ejection |
| _ | 18b. Alternate Facility (or General | itor) | | | | | | U.S. EPA ID I | Number - | | |
| O PAC | Facility's Phone: 18c. Signature of Alternate Facili | ty (or Generator) | | and the state of t | | | | | | | |
| SNAIL | | | | nter felik kannon oo ka | | | | | | Month D | lay Year |
| Ž | 19. Hazardous Waste Report Ma | nagement Method Coo | les (i.e., codes for hazard | ous waste treatme | nt, disposal, an | d recycling systen | ns) | [4. | | | |
| | NONE | | | | | | With the second | 1 *. | - | | |
| - | 20. Designated Facility Owner or Printed Typed Name | Operator: Certification | of receipt of hazardous n | naterials covered b | y the manifest Signatu | THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NA | Item 18a | | | Month Da | ıv Year |

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.